PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

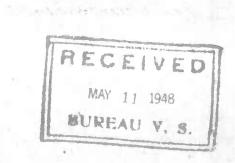
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04280

CERTIFICATE OF DEATH

Reg. Dist. No. 9 33

	Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newform typerts give residence of mother) Slate
Hospital Astronion, or street address where death occurred: How long in hospital or institution?	Street No. 201. E. Joelst (If rural, give LOCATION) 2.(a) Il veteran, name war.
3.(a) FULL NAME Hermis L. adkin	3. (b) Social Security Number
4. Sex 5. Color or ace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH 21 3 4 3 4 19
6.(6) Name of husband or wife 6.(c) If alive, give age year. 7. Birth date of 9.00 12 1861	ars and that I last saw h
8. AGE: Years Month Days It less than one day	Immediate cause of death Duration In. (automobile automobile Due to Directe In Curton Silver Silve
10. Usual occupation	Due to
12. Name July 22. Name July 22	(Include pregnancy within 3 months of death)
14. Malden name. Charlotte Jane Dans 15. Birthplace Mcomis G. Ind 16. Informatiles. Annie M. Linnet (Acidenses 3/5 f. War of Labeling M.	Major findings of operations
17. (Burial, cremation, or removal, Which Cemelery), crematory	22. VIOLENCE: It death was due to external causes, lill in the following: Accident, suicide, or homicide
Location letters ma. 18. Punera difector of Rille R. Hollo Addison letters made and letters and lett	Injured at home, farm, industry, public place (where?) injured all work?
19. H / S. H / S. H / S. H / S. A. A. A. Registra	23. STONATURE DEPARTY Medical Grammer M. D. or other Address Of Address Of Address M. Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

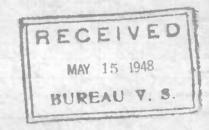
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CERTIFICATE OF DEATH

Reg. Diat. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new born in tax its give residence of mother)
City or town (If outside city or town/limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Elsie Mal Carriet	Bushled 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I Cal Marrielly	20. DATE OF DEATH 4 24 4 5 19 22 05 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended, deceased from /
7. Birth date of	and that I last saw h W alive on afril 220 1948
deceased (mo., day, yr.) Jaw. 28, 1907	Immediate cause of death
8. AGE: Years Months Days If less than one day	2 0 4
4/ & 2/Arsgmin.	Carrier of Thomach
9. Birthplace The Man	Due to
10. Usual occupation / Students Myl	
11. Industry or business	Due to.
	BL. PH
12. Name State of Manager 11. Birthplace	Other conditions
14. Malden name Allegarian Marie 15. Birthplace	(Include pregnancy within 3 months of death)
S 15. Birthplace / Holyman Mil.	Major findings of operations.
16. Informant Jasephinel Carming	Autopsy results
Address Alberta Mary	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory. And Lagrandian Consultant	Where did injury occur?
Location J. Charles St. St. St. M. J.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Dariel & Messell	Means of injury tnjured at work?
Address files Miles	23. SIGNATURE Elilian Emrich
19. (Date red d by registrar) 19 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Address. Heller - Mr. D. or other Address. Date signed Offuil 26-48



2411 N. Charles St., Baltimore

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04282

CERTIFICATE OF DEATH

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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399

CERTIFICA	ALE OF DEATH Reg. Diat. No. 3.3.3
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female Colored Married	MEDICAL CERTIFICATION 20. DATE DF DEATH. April 19.48, at 12:03.44 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(b) Name of husband or wife	Immediate cause of death DURATION
9. Birthplace	Due 10. Adams
12. Name blease of may 13. Birthplace HIVE 14. Maiden name of the land of th	(Include pregnancy within 3 months of death) Major findiogs of operations.
Address 17. (Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22 VIOLENCE: If death was due to external causes, Illi in the following; Accident, suicide, or homicide. Date of
Cemetery or crematory Location	
Address Salisbury and 19. March 19. H. H. Hassing Registrary Registrary	23 SIGNATURE M.D. or other M.D. or other Strar Address D. L. Date signed H. J. St.

MAY 14 1948

RUPEAU V. S.

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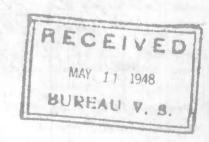
CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infasts give residence of mother) State
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Fredrick S. Boun	3. (b) Social Security Number 216-67-5016
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m Wo Married	20. DATE OF DEATH
5.(6) Name of husband or wife dinnie Bounds	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Sept 7 1872	and that I last saw h
75- 7 12hrsmin.	Ingoladia 3 y
9. Birthplace Quantico Stic MA Rota (Town county, and state)	Due to.
10. Usual occupation	Due to.
12. Name James K. Donnas 13. Birthplace	Other conditions
14. Malden name Elizabeth Phillips 15. Birthplace 4	(Include pregnancy within 3 months of death) Major findings of operations.
El 15. Birthplace	Date of op
16 Informant Andrews	Autopsy results
Address Narptonn 17. Buria 4. 24. 1948 (Burial, committee, or remogat, Whitch?) (Burial, committee, or remogat, Whitch?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Strengers	Where did injury occur?
Location Sharstown B	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Of Sonia
Address Strarpton 100	23. SIGNATURE M. D. or other
19. 4-2 4 (Date rec'd by registrar) 19. 48 Waltin 9. Massay Registrar	Address Laurel Dil Date signed 4-2248

APR 27 1948

BUREAU V. S.

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MARGIN RESERV		UNFADING INK.
4		LY, WITH
9-45-15M		WRITE PLAIN

	7 2 3 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	TE OF DEATH Reg. Diat. No. 333
carefully. The coarly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write-BURAL and give nearest town) Street No. 3
on ca	How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
information care of death clearly	3. (a) FULL NAME Gran M. Bradley	3. (b) Social Security Number
2 4 2	4. Sol 5. Color or race 6.(a) Single, married, yidowed, or divorced Wishough	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 2 1948 21 5 2
y every if	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
G INK.	9. Birthplace The County and state 10. Usual occupation The County and state 11. Industry or business	Due to Arteriordustie C-V-R Due to Senset
d E	12. Name Juleman Dially 13. Birthplace Chianann	Dither conditions (Include pregnancy within 3 months of death)
WITH UNI	14. Maiden name MANY Townst	Major findings of operations
15.	16. Informant Miss Mary & Hayman	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
E PLAINLY, is especially	Address J. J. Bate thereot J.	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suictde, or homicide
WRITE	Cemetery or crematory of Location Location	Where did Injury occur?
PLEASE	18. Funeral director Augusting On A	(lie of the De



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICA	ATE OF DEATH Reg. Diat. No. 93 3
	Acg. 21-th From Management
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounty Wicomico	
lly or town	state Maryland county Lamericet
	City or town (If oatside city or town limits, write RURAL and give nearest town)
ow long in above place of death?	Dusto #1
Peninsula General Hospital	Street No. (If rural, give LOCATION)
ow long in hospital or institution? 8 days - 14 hrw. 50 min	30/ 0/0/14
B. (a) FULL NAME	3. (b) Social Security Number
S. Sex 5. Color or race 6.(9) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemale A White MARRIED	20. DATE OF DEATH APRIL 11 18 19 48 21 10 4
(b) Name of husband or wife MR. William Byrd	21. I CERTIFY Ibat death occurred on the date above stated; that I altended deceased from
A	7 3 7 19 10 19 19
1. Sirth date of	and that I last saw h. C. X. alive on
deceased (mo., day, yr.) August 18, 1722	Immediate cause of death
B. AGE: Years Months Days these than one day	House Hemorrhagie
25 5 26 mins.	nin. Tunereutitis 8de
Armens Anne - Somuel. M.d.	
Birthplace (Town, county, and state)	Due 10
10. Usual occupation. Haveevile	
- llam	Due to
11. Industry or business	
12. Name Jonessan Dykes 13. Birthplace Bornesser Co, Ma	Other conditions
13. Birthplace Bornerses Co, Md	The same of the same
	(Include pregnancy within 3 months of death), FAT NECROS W - bile li
14. Malden name Larraine Noel	Miajor madings of operations.
E 15. 8irthplace Municipal	peritoned/ efturion, Date of op. 4.3.4
16. Informant Hellom N. Byrd	Autopsy results POST peritoned mecrosis
A. E. m.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Rt Loden, Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burine Date Thereof Apr 14, 194	Accident, suicide, or homicide
(Burial, cremation, or replayal, Which?) (month) (day) (year)	Modernity agreement of transferred
Cemetery or comatory	Where did Injury occur?
Location Archury Edruguel & Mid	Injured at home, farm, Industry, public place (where?)
al De	Means of Injury / Injured at work?
18. Funeral director	And I
Address love freed. The	23 SIGNATURE THUMESULL

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2411 N. Charles St., Baltimore

	CERTIFICATE OF DEATH	Reg. Diat. No.	333
County Comic	2. USUALI RESIDENCE (H		nic
City or town (If outside city or from limits, write RURAL and a	give nearest town)	Comiy	
How long in above place of death? Hospital institution, or stock address where death opening:	Street No.	or town Inits, write URAL and giv	e nearest town)
How long in hospital or institution?	Or her	(If rural, give LOCATION)	
3. (a) FULL NAME Scannelle	S. Cantrell	3. (b) Social Secu	rity Number
Male White Mars	Comment of the Commen	DICAL CERTIFICATION	18 515P
6.(b) Name of husband or wife Munnin Ca	ntirele 21. I CERTIFY that death occurred	on the date above stated; that I attended	
7. Birth date of 12-1886	and that I last saw h		19 # 8
8. AGE: Years Months Days It less th	nan one day	my and	DURATION DURATION
9. Biripplace (Town, county, and spire)	Due to Bloom	enturia.	17 days
10. Usual occupation Nurseur 17. Fr. aller F. Co.	Res Due to		
12. Name Samuel Cantonel 13. Birthplace aller Manyla	Diher conditions		*******
The state of the s	(Include pregna	ancy within 3 months of death)	
14. Maiden name. Celler Marye	Se al		
16. Information . Mennie Canteffee	Antops results	he canse te which death shenid he cha	rged statistically.
Address 10. W. Market all.	22. VIOLENCE: If death was due	e to external causes, fill in the following:	
(Burial, cremstion, or removal, Whiteh?)	onth) (y) (year) Accident, suicide, or homicide		***************************************
Cemetery or Cematery		City or town) (County)	(State)
18 Horal directions of C Walter /	House of Injury Means of Injury	Injured at work?	
Swaling mod	toe-	D. Wales	Docks
19. H/V& 6, 18 H 8. Hagae	of Johnson	M. M.	D, or other

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PLEASE WRITE PLAINLY, WELL UNFADING INK. Supply every item of information carefully. The confect age is especially important. Physicians: please write the causes of death clearly and legiber

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MAY 15 1948
BUREAU V. S.

	2411 N. Charles St., Baltimore	04287
CE	ERTIFICATE OF DEATH	Reg. Dist. No 3
1. PLACE OF DEATH County City or town (if outside city or town limits, write RURAL and given town in above place of death? How long in above place of death? How long in hospital or institution?	State	HOME) OF DECEASED: tive residence of mother County County
3. (a) FULL NAME Setude 4. Sey 5. Color or race 6.(a) Single, married, widow		3. (b) Social Security Number EDICAL CERTIFICATION
Jerich Mity Marrie	2D. DATE DF DEATH.	per 12 4 1948 21 2
6.(b) Name of husband or wife 6.(c) If allve, give a deceased (mo., day, yr.) Grain 6-1883 8. AGE: Years Months Days It less than h	one day	
1D. Usual occupation	Due to	1)
12. Name 12.	Dther conditions	gnancy within 8 months of death)
14. Malden name	Major findings of operations.	
16. Information. Slepher a. Carte. Address 29. M. Main it. La	Lutzun Maries Please underlin	e the cause to which death should be charged statistically
17. (Burial, cremation, or removal, Which?) Cemetery rematory.	17-1142	due to external causes, fill in the following: Date of
Location		r, public place (where?)
18. Friend alrector may to. Walter &	Means of Injury	Injured at work?
19. A. // H. J. 19. H. F. Barace	23. SIGNATURE KO	bes 0 , oan

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BUREAU V. 8.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Diat. No. 3 33
1. PLACE OF DEATH: County City or town. Are outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town
How long In hospital or Institution?	. 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
moranitt. anna le	oover
5, Color of race 6.(a) Single, married, widowed, or divorced the state white married 6.(b) Name of husband or wife la land la land of the land	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. CERTIFICATION 19. 40. 140. 150. 150. 150. 150. 150. 150. 150. 15
175-1	15 Muscle 19 48, 10 16 lepil 19 4 9
7. Birth date of deceased (mo., day, yr.) Lee 4, 1868	and that flast saw h Malalive on 6 Garil 19 #
8. AGE: Years Months Days If less than one day 12 hrsmin	Carebral Thrombosio sweets
9. Birthplace Allen Hill MA. Micorries (Town, county, and state)	Oue to Outero scelusio
10. Usual occupation	Oue to
11. Industry or business at home	-
12. Name of granuel Hopkins 13. Birtholace Green Hill M. &. Wilcomics	Other conditions
	(include pregnancy within 3 months of death)
6 1 1 11 mal mia-ia	Major findings of operations
\$ 15. Birthplace June Md. Marines	- Oate of op,
16. Informatil like le	Autopsy results
Addressiantes Ma. 15 out	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or cremotorficomie Memorial Park	Where did Injury occur? (City or town) (County) (State)
Location Salisbury Maryans	injured at home, farm, industry, public place (where?)
18. Funeral director dollarsy theolar Squates bellow	Meens of Injury Injured at work?
Address Salisbury maryland.	Machine Holo O C



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 3.3.3.

decoased (mo, day, r.) 8. AGE: Years Months Days If less then one day It less then o		
City or town. County	111.10111111	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn forants give residence of mother)
Tel contains eity or town Hills, write HUHAL and give nearest town) Hospital, institution, or street address where death occurred: How long in hospital or institution 2(a) If valera, name var 3, (a) FULL NAME 3, (b) Social Security Number 4, See 5, Colin or race 5, (a) Sacily sourced, where d. of directed 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Sala section	The distriction of the second
Sirest No. (If rures), ever LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) FULL NAME 3. (c) Full values 4. See 5. Coder or race 6. (a) Single printing, informed, or divocated MEDICAL CERTIFICATION 20. BITCH BANK 21. 10 ENTITY that death occurred on the date above statuck: that is altered of deceased form. 21. To ENTITY that death occurred on the date above statuck: that is altered of deceased form. 22. Single part of the date of deceased form. 3. Birthplace 3. Birthplace 3. Birthplace 4. See 5. Coder or race 6. (c) It alters, give agaf. 7. Birth date of deceased (one, day, yr.) 4. See 6. (c) It alters, give agaf. 7. Birth date of deceased (one, day, yr.) 6. (c) It alters, give agaf. 7. Birth date of deceased (one, day, yr.) 7. Birth date of deceased (one, day, yr.) 8. AGE: Tears (South) 9. Birthplace 10. Usual occupation. 11. Industry or businesses 11. Industry or businesses 12. It is a seed of death. 13. Birthplace 14. Major findings or operations. 15. Birthplace 16. Single part of death		City or town Add Add Add And A DINAY and A
Sow long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sec 5. Color or race 6. (c) Name of husband or wife. Self-life Security Number 8. (c) Name of husband or wife. Self-life Security Number 8. AGE: Tear Months 9. Birthplace 10. Usual occupation. 11. Industry or lusiness 11. Industry or lusiness 11. Sirb adae of Madde again of Madde Again stated. That attacked decayed ring. 12. Kame Self-life Security Number 13. While name. 14. Madden same. 15. Sirthplace 16. Internat. 17. While name. 18. Madden same. 18. Sirthplace 19. Sirthplace 10. Industry or contact or compact (Window) 10. Date present of the same same same same same same same sam		(If outside city of town limits, write KOKAL and give nearest town)
Now long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) Full NAME 4. Sex 5. Color or race 6. (a) Single planting, widowed, or disorced MEDICAL CERTIFICATION 7. Serio date of control (soc., day, yr.) 6. (c) It alive, give age of control (soc., day, yr.) 7. Serio date of control (soc., day, yr.) 8. AGE: Tear Months 9. Birthplace 10. Usual occupation. 11. Locative or successed of control (soc., day, yr.) 12. Serio date of control (soc., day, yr.) 13. Birthplace 14. Malden came. 15. Birthplace 16. Is serio date of control (soc., day, yr.) 16. Is serio date of control (soc., day, yr.) 17. Birth date of control (soc., day, yr.) 18. Autopay recents. 19. Serio date of death of control (soc., day, yr.) 19. Birthplace 19. Serio date of control (soc., day, yr.) 10. Usual occupation. 10. Usual occupation. 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden came. 15. Birthplace 16. Industry or business 16. Industry or business 17. Sirkhplace 18. Sirkhplace 19. Serio date of control (soc., day, yr.) 10. Usual occupation. 11. Industry or business 12. Sinkalure 13. Sinkalure 14. M. D. occupation. 15. M. D. occupation. 15. M. D. occupation. 16. Industry of control (soc., occupation.) 17. Occupation. 18. Autopay recents. 18. Autopay recents. 19. Serio date and occupation. 19. Serio date and occupation. 10. Usual occupation. 10. Usual occupation. 10. Usual occupation. 10. Occupation. 11. Occupation. 12. Serio da		Street No.
3. (a) FULL NAME 4. Set 5. Color or race 6. (a) Single principle, vidence of divorced MEDICAL CERTIFICATION 8. (b) Name of husband or wife. Sold Manual		
8. (a) Sace 8. (a) Sacy 8. (b) Bamo of husband or wife. 8. (c) Hallon, give age 9. (c) Hallon, give age 11. Inchidate of 12. Birth date of 3. Birthplace 13. Birthplace 14. Malden came of husband or wife. 15. Birthplace 16. Usual occupation. 17. Inchidate of 18. (c) Hallon, give age 19. (d)		2.(a) If veteran, name war
8. (6) Namo of husband or wife. Scholld Scholls Scholld Scholls Scholld Scholl Scholld Scholld Scholld Scholld Scholld Scholld Scholld Scholld	Milliam Sarday à	Tarles 3. (b) Social Security Number
7. Birth date of deceased (mo. dar, yr.) 8. AGE: Tears Months Days If less then one day 9. Birthplace.	4. Sex 5. Color or race 8.(a) Single married, widowed, or divorced	1/ 1/1/19 /1/0
18. AGE: Vears Months 9. Birthplace 11. Industry or business 12. Xame 15. Birthplace 16. Industry or business 15. Birthplace 16. Industry of business 17. While Maiden came 18. Maiden came 19. Maiden c		
S. AGE: Years Months Bays It less than one day 9. Birthplace CTown, gounty, and thate 10. Usual occupation. 11. Industry or business 12. Name Concluded the Concluded that the Concluded the Concluded that the Concluded the Concluded that the Concluded the	7. Birth date of	and that I last saw h. Alda, altro on after 1 204,
9. Birthplace (Yown, granty, and distret) 10. Usual occupation (Yown, granty, and distret) 11. Industry or business 12. Kame (Include pregnancy within 3 months of death) 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name (Include pregnancy within 3 months of death) 15. Birthplace (Include pregnancy within 3 months of death) 16. Informant (Include pregnancy within 3 months of death) 17. Autopsy rewritz (Include pregnancy within 3 months of death) 18. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy within 3 months of death) 19. Autopsy rewritz (Include pregnancy withi		Immediate cause of death Hewarlard DURATION
10. Usual occupation. 11. Industry or business 12. Kame	1 9 4 1 05 1 4 min	
Due to 11. Industry or business 12. Kame	9. Birthplace Town, county, and state)	
12. Kame		######################################
14. Maiden name (Include pregnancy within 8 months of death) 15. Birthplaco 16. Informant (Burisi, cremation, or remover) Which?) 17. Cemetery or crematory (City or town) 18. Funeral director (City or town) 19. Address 19. Address 10. Major findings of operations (Include pregnancy within 8 months of death) Major findings of operations (Date of op. (Date of o		Other conditions askersone leaves
Autopsy results. PHYSICIAN: Pfease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide. Cemetery or crematory. County) (City or town) (County) (State) Injured at bome, farm, industry, public place (where?) Means of injury 19. Hall St. 1988 T. Contact M. D. contact M. C. Contact M. D. contact M. C. Contact		(Include pregnancy within 3 months of death)
Autopsy results. PHYSICIAN: Pfease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at bome, farm, industry, public place (where?) Means of injury 19. H. S. 1	2 15. Birthplaco	
Address 22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide	16. Interment	Autopsy results
Cemetery or crematory Location Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (Stato) Injured at bome, farm, industry, public place (where?) Means of injury Address 23. SIGNATURE M. D. SERMATURE	Address SALANTING /MAY	
Cemetery or crematory	17 Bate thereof Bronth (day) (Year)	22. VIOLENCE: If death was due to external causes, filt to the following; Accident, suicide, or homicide
18. Funeral director Distribution of the Means of Injury Means of Injury Injured at work? Means of Injury Injured at work? 19. H. A. B. 19. H. F. Farance F. D. D. D. M. D. Constitution of the M.	1 7. 1. 1/2/14	Where did injury occur?
Address / September 19 19 19 19 19 19 19 19 19 19 19 19 19	Location The Said State of Signal State of State	Injured al bome, farm, industry, public place (where?)
19 H / 2, 2, 19 H 8, Garage E Photos 1/ 0 all all M.D. carathor	18. Funeral director Andrews of the State of Asset	Means of Injury Injured at work?
19 H / 2, 2, 19 H 8, Garage E Bhoth 1/ 1 = 1 M. D. co-other	Address / Sekrow Mill	Elian Emerile
(Date ree d by registrar) Address Address Date signed Date signed Company	19	Address Helless - The Date signed africal 29

MAY 11 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) City or town. Hospilai, institution, or street address where Ceath occurred: How long In hospital or institution?. informatic of death 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION ery it Supply eve and that I last saw h. P. J ... alive on ... L. - 1.4 deceased (mo., day, yr.) 8. AGE: Days If less than one day RESERVED ADING INK. Physicians: pl (Town, county, and state) 11. Industry or business (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINL Accident, suicide, or homicide..... Where did Injury occur? (City or town) Injured at home, farm, Industry, public place (where?)

Reg. Diat. No. 333

(If rural, give LOCATION)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following;

Injured at work?

M. D. or other



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PLEASE WRITE PLAINL

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13 b

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 335
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYANA County Wicomico City or town (If outside city or toyla limits, write RURAL and give nearest town) Street No. 210 May (Ifrural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME DAVIS, MR. William 4. Ses 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
Make White MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 13 48 21 12 45 A.
8. (b) Name of husband or wife MRS MARGARET DAVIS 7. Birth date of deceased (mo., day, yr.) 101. 16 - 1899 8. AGE: Years Months Days It less than one day hrs. min. 9. Birthplace Margaret DAVIS min. 10. Usual occupation Office of the county, and state? 11. Industry or business 1 12. Name DAVIS MARGARET DAVIS MARGAR	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 5. to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
Address 3 Bunds Salinlay Mg 17. (Byrial, cremation, or removal Which) Cemetery or crematory Mg Market Mg Market Mg	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide

APR 24 1948

BUREAU V. S.

NFADING INK. Supply every item of information carefully. The nt. Physicians: please write the causes of death clearly and legib

PLAINLY, WITH LINE is especially important.

WRITE

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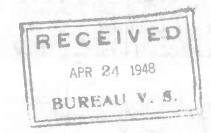
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Red Diay No 23 33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Wisomus	
City or town	State County Bealering RIA
How long in above place of death? 10 weeks.	(If outside city or town limita, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(tfrural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Purnell Joshue Dennis	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
make white manued.	20. DATE DE DEATH 194 - 21 350 M
Dralust . Desire	21. I CEBERY that death occurred on the date above stated; that I attanded depeaged from
6,(b) Name of husband or wife	92622 19 45 10 MANI 194
7. Birth date of	and that I last saw h. and alive on About 11
deceased (mo., day, yr.) Dest. 25, 1873	Immediate cause of death Machanul of Shath DURATION
8. AGE: Years Months Days If less than one day	Immediate tause of death.
74 6 16min.	•
9. Birthplace Berlin Lor Cu, nel RJD.	Due to Casenyma of rymmet france
(Town, county, and state)	of colors
1D. Usual occupation	Due to
11. Industry or business	
	Dther conditions
	(tnclude pregnancy within 3 months of death)
14. Maiden name Saily Marcha Jarrie	Major findings of operations.
14. Maiden name Sauly Marcha January 15. Birthplace	
C - C	Date of op.
16, Informant Dansett Dansett	Actopsy results
Address Deliver md	
R . 1 4/14/40	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17	Accident, sulcide, or homicide
B. J.	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
Buchon Buchon	Means of injury Injured at work?
18. Funeral director	STLD D
Address (Sulus Mah	23 SIGNATURE / V. Lynch
4/14 AUST 40.00 - 7 8. Oak	M, D. or other
(Date rec'd by registrar)	Address artman and Date signed 14/14. 17/14.



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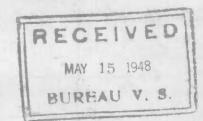
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04293 Reg. Dist. No. 33

/	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County MICAMILA	Con the wood intrante give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State And gy County Willamile
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
nospites, institution, of sincer address where deem occurred.	Street No. (If rural, give LOCATION)
724	no
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Allennia	- ro
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male a a Married	20. DATE OF DEATH. 24 - 2 4 19.48 21 2 5
80. 17/10	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
6.(b) Name of husband or wife.	1/ / 3/ 1/ 1/
6.(c) If alive, give age years	19
7. Birth date of deceased (mo., day, y). Man. 13 - 18 78	and that I last say it. 19 19
8. AGE: Years Months Days If less than one day	Immediate cause of death
o. Add.	Eggent of alisan Suffer
/00hrsmin.	ausa
9. Birthplace	Due to
10. Usual occupation Was de assuring	Dus to
tt. Industry or business Dame, as alibane	BUC 10-
E 12. Name arssy Dennis	Dither conditions
al 13. Birthplace Allen md	(Include pregnancy within 3 months of death)
14. Maiden namo fenlie Dennes	Major findings of operations.
15. Birthplace Timelland and	Date of op.
Alaman Diani	Autopsy results.
16. Informant July Linder	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / allalury Affa	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, eremation, or proposal, Which?)	Accident, suicide, or homicide. 22 Date of
Cemetery or cremators I. Alandalufa	Where did Injury occur?
Location Little and	Injured at home, tarm, Industry, public place (where?)
11/1/2	Means of Injury Injured at work?
18. Funeral director flash shill al	fattademyler MP
Address / Sallahury Ind	23. SIGNATURE dleputy med Ferry.
11 /94 HAT Regar A Dolum	M. D. or other
19. 19 19 17 18 Paralet Exprises	Saleston Mb are signed 4/26/49



2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Diat. No. 375	
1. PLACE OF DEATH: County. County.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)	
City or town	State Malfalford County Wesmies	
How long in above place of death?	(If outside city or town limits, rite RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No. 906 Hastings ST	
	(If rural, give LOC TION)	
How long in hospital or Institution?	2.(a) It veteran, name war	
Fred Srivin Onyden	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M W Marull	20. DATE OF DEATH # 1 13 07	
6.(b) Name of husband or wife. Alta Elizabeth Oryden	21. I CERTIFY that death occurred on the date above stated: that I strended deceased from	
T. Birth date of	and that I last saw h (M alive on 4 / /)	
deceased (mo., day, yr.) Supt 22, 1816 8. AGE: Years Months Days It iess than one day	Immediate cause of degets Star Vattan	
5/ 6 22	self imposed 3xrs.	
9. Birthplace Whiteshever Worcaster Md	Due to PS VC 11 PTC S	
I deally		
	Due to	
11. industry or business		
12. Name 2 ambe Mulder 13. Birthpiace Whitespury, MA	Dther conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Elyabeth 15. Birthplace Transports Quine And.	Major findings of operations.	
Alla. Flichts. Woulder	Date of op.	
16. informant Control of the first control of the f	PHYSICIAN: Please onderline the cause to which death should be charged statistically.	
Address 06 / Tusting of 10 1011	22. VIOLENCE: It death was due to external causes, till in the tollowing;	
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did Injury occur?	
Location Street / fill Md	Injured at home, farm, industry, public place (where?)	
Ha Hill x Mile Pa	Means of Injury / Hjured at work?	
18. Funeral director The August The d	741/de//h	
Address Muskwy. Ma	28. SIGNATURE M. D. or other	
19. (Date of de registrar)	Address 4M Sillision State signed 4.17.48	

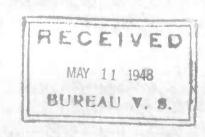
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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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WRITE

PLEASE .



information careful of death clearly an PLACE OF DEATH:

9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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3. (b) Social Security Number

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State

County
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

City or town 500	utside city or town her	its, write RU	RAL and give nearest	town)
low long in above place	ot death?			
lospitat, institution, or	street address where de	ath occurred;		1
Jenne	110, 11.	1/	Hospelle)
	0-	1)	0	
low long in hospital or	Institution?	coup.	**************************************	
3. (a) FULL NAME		0		
Darke	mr. de	and	ech ()	UKE
I. Sex	5. Color or race	6.(a)Single.	married, widowed, or divo	rced
M	W	m	arried	
7. Birth date of	or wite Duly	5.(c)		5 year
deceased (mo., day, y	1) Myour	01, 1	000	
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63	3,0	2	hrs	mìn.
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7.0	Marc	P 1	e hour	
里 12. Name	my /	NA	Contract of the second	
12. Name	Dumbe	20. 1	Ullawall	
14. Maiden name	9 mil	mi	tefell	

1. Industry or business	
12. Name William	= Duply
13. Birthplace Sumby	no, Allawall
14. Maiden name A Book	mitchell
15. Birthplace of ellaco	elle, ma
6. Informant 211 49 LLC	a Ouper
6/1 1	111-110
(Burial, cremation, or removal, which:)	Date thereof (month) (day) (year)
Cemetery or crematory Man	* * * * * * * * * * * * * * * * * * *
Location I sittevelle	V V Steven Cs
8. Funeral director The Hell	
Address Salutus	4/ 241
11/914 487	1000 A 8. Os

PHYSICIAN: Please underline the cause to which death should be charged statistically.

(County) (County) (State)

Means of Injury Injured at work?

SIGNATURE M. D. or other dress Date signed 4 4 5 Me



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

correct age

WITH UNFADING INK. Supply every item of information carefully, 'Indimportant. Physicians: please write the causes of death clearly and logibly

PLEASE WRITE PLAINLY,

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MARGIN RESERVED FOR BINDING

g. Dist. No. 933

OZATITON.	Reg. Dist. No.
1. PLACE OF DEATH Comils	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or tenterman (If outside city or town limits, write RURAL and give nearest town)	State County Cou
How long in above place of death?	Street M. (If rural, give LOCATION)
How tong in hospital or institution?	2.(a) ti veteran, name war
3.(a) FULL NAME Everle Everle - Frances	7. 3. (b) Social Security Number
4. Sey 5. Color or ace 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 4 - 2 5 19 48 21 3 5 M
6. (b) Name of hyspand or wife Freedrick J. Eurele	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
S.(c) It slive, give age years	and fhall last sample alive for A 19 19 19
7. Birth date of deceased (mo., day, yhrepan 6- 1889	and that I last says he alive on 19. Immediate cause of death
8. AGE: Years Months Days If less than one day	Company frostril Soull Sadden
Brooklesse n. 4	Fractive Pd Human
9. Birthplace(Town, couply, and state)	
10. Usual occupation	Due to
	Dither conditions
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(Include pregnancy within 3 months of death)
14. Malden name 10. Pales 1. D. Off	Major fiedings of operations.
15. Birthplace	Date of op.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged atatistically.
Address Company 1. Marchael 28-4	22. VIOLENCE: If death was due to external causes, fill in the following;
17 (Burial, cremation, or rhapyal, Which?) Rate thereof (month) (day) (year)	Accident, suicide, or homicide. Accident Date of 4/2/4 Where did Injury occur?
Cemetery or connatory	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Holloway 6. 1 Wille 11. Hillow	Means of Injury Truch struck injured at work?
Address Sality M.d.	Jakadempler his
19. H / 28, 19. H 8 V Bagget & De	23. SIGNATURE TELEPROOF PORT OF M. D. or other
(Date rec'd by registray) Registrat	Address Date signed Date signed

MAY 15 1948

BUREAU V. S.

NFADING INK. Supply every item of information carefully tant. Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY, is especially

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

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CERTIFICATE OF DEATH

Reg. Diat. No. 33 2

. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounty Wylopines	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State I I Muly July County W Commit
ow long in above place of death?	(If or town (If outside city or town limits, write RURAL and give nearest town)
lospital, inslitution, of street address where death occurred	I made dand delations
Selvam, Md	Street No. (If rural, give LOCATION)
ow long in hospilal or institution?	2.(a) If veteran, name war
B. (a) FULLINAME	3. (b) Social Security Number
Tous Auchs	
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. III Single	20. DATE OF DEATH
Namil	
i,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(c) If alive, give ageyears	7-et 12, 1948 10 0 mil 8, 1948
deceased (mo., day, yr.) Jan 16, 1875	and that I last saw h.1.200 alive on Original St. 1940.
B. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
* 73° 2 16hrsmin.	Congentine Name - Salutte
Reaphy NV	Silver dila
Birthplace Town, county, and state)	Oue to.
10. Usual occupation. A autroacus	CRICALE VOLUMENT THERE
	Oue fo
1. Industry or business	
12. Name There	Other conditions
13. Birtholace / wmany	(Include pregnancy within 3 months of death)
14. Maiden name Uninacod	
15. Birthplace Swing any	Major findings of operations
13. Britispiace	Date of op.
6. Informant De John Seminos	Autopsy results
Address Duffalo, N.J.	
Bevul Daie thereof April 1/1948	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which) (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Alband	Where did injury occur?
location of illoand, md	Injured at home, farm, industry, public place (where?)
The Kell & Downson Co	Meene of Injury injured at work?
B. Funeral director of the first than the first tha	
Address Salistery. Mr.	as consume to the At Jeannan MtV.
	23. SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH

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	PARTMENT OF HEALTH a St., Baltimore /5 7 04298
CERTIFICAT	E OF DEATH Reg. Diat. No. 333
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County Cilly or town. County County Of outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Balry girl gale	3. (b) Social Security Number
4. Sex 5. Color or race 6. (alsingle, married, widowesfor divorced Hemale Colored Premature Soly	MEDICAL CERTIFICATION 20. DATE OF DEATH April 11 19 48 at 230 p.
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above slated; thal I altended deceased from 19. to 19. 18. Immediate cause of death OURATION Due to 19. Immediate cause of death OURATION Major findings of operations Immediate of death of
18. Funeral director delicated Company (March March Ma	33. SIGNATURE Selend Al Soure Sus Cels M. D. or other Address. Date signed 12 b fully

APR 24 1948
BUREAU V. 8.

Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 26 1949CERTIFICATE OF DEATH Reg. Diat. No. 939 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) How long in above place of death? 34 Hospital, Institution, or street address where dearn occurred (If rural, give LOCATION) How long in hospital or Institution?... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION deceased (mo., day Ar 8. AGE: If less than one day 50 (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following Date Ihereof Africa (month) (day) Where did Injury occur? (City or town) Injured at home, farm, Industry, public place (where?)



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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 3333

1. PLACE OF DEATH: County County City or town. (If outside city or wwn limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or sylect address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new lum in this give residence of mother) State
4. Sex Male 5. Polor orrace Married, widowed or divorced Male 8.(b) Name of husband or wife 6.(c) italive, give age 9. Sex 9. Se	MEDICAL CERTIFICATION 2D. DATE DF DEATH 21. I CERTIFY that death occurred on the date above slated: 1hal I attended deceased from Mark 19. 4 - 4 - 19. 2nd that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7	Immediate couse of death Chronic Myorarolita Due to The Pelevous Due to The Pelevous
12. Name It was a same of the same of	Other conditions
Address OS J. Div. M. Malustury Mod., 17. (Burial, cremation, or prinoval, Which) Cemetery or crematory Location Location 18. Funeral director 18. Funeral director	22. VIOLENCE: 11 death was due 10 external causes, fill in the following: Accident, suicide, or homicide
19. d. (Daye reg'd by registrar) 19. d. (Daye reg'd by registrar)	23. SIGNATURE SULL SULL M. D. or other Address Salislavier, SULA Date signed 7.17.45

MAY 14 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55 d

CERTIFICATE OF DEATH

336 Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (Epr newhorn infants give residence of mother) State City or town (if outside city or town limits, write RURAL and give nearest town) Street No. (if rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color offace 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wite. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Month's Days If less than one day 10. Usual occupation 11. Industry or business 12. Name	MEDICAL CERTIFICATION 20. DATE DE DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18.45. 19.47. and that I last saw how alive on the date above stated; that I attended deceased from 19.47. Immediate cause at death DURATION Due to (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Date thereof. (month) (day) (pear) Cemetery or evenatory	Accident, suicide, or homicide
Location 8 - 9 and Ca. 18. Funeral director 9 - 9 Address Lecture 1948 Harry 5: Huston (Date rec'd by registrar) (Date rec'd by registrar)	Maans of Injury Injured at work? 23. SIGNATURE M. D. or other Address Date signed fly 5/4 f

APR 24 1948

BUREAU V. S.

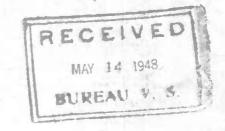
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CERTIFICATE OF DEATH

	naries St., Baltimore 83a U430;
CERTIFIC	ATE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: Y Comis	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn in inthis give residence of mother) State
(If outside city on own limita, write RURAL and give nearest town) How long in above place of death? Hospital institution, or street address where death occurred:	City or town
How long In hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Nu
4. Sex 5. Color of Oce 6.(a) Fingle, married, widowed, of Aivorced	MEDICAL CERTIFICATION
May May Morris	20. DATE OF DEATH
6.(b) Name of husband or wife 6.(c) If alive, give age 7.	
7. Birth date of deceased (mo., day, yr.) 64, 1-1876 8. A.G.F. Years Months Bays If less than one day	and that I last saw h
8. AGE: Years Months Bays II less than one day	min left hemiple shorigh
9. Birthplace	To ale to
10. Usual occupation	Due 10
12. Name Benjamin grown grown 12. Name Benjamin grown grown 13. Birthplace Probablishe med.	Bither conditions Hoffina From frameword
# March Enner,	(Include pregnancy within 3 months of death) Major findings of operations.
14. Maiden name 15. Birthpiace Prolling Md.	
Addres PD. #2 - Saluffer md.	PHYSICIAN: Please underline the cause to which death should be charged sta
17 Burial, cremation, or rempost, Which?) Dates mereot a family (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of the community o	Where did injury occur?
Location Holling & Malter R. Hollins	Injured at home, farm, Industry, public place (where?)
Address Sality Md.	W. Cohler
19 H / 16- 19 HT Basse Folly	29. SIGHATURE N O. O

MARGIN RESERVED FOR BINDING

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WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN AY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

04304

CERTIFICATE OF DEATH

Ser. Dist. No. 333

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother)
County Watermes	md. 11/1000100
City or town (If outside city or town limits, write RURAL and give nearest town)	chaling house
How long in above place of death?	(If outside eity or town limps, write RUR and and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Pelest City Road.
	(If rurat, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ocella Blakice Mamer	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widowld	20. DATE OF DEATH
Gleonge N. Kramer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	4/3 48, 17/6 60,
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Month Days If less than one day	Tiabeles Taymes ydgo
9. Birthplace & tated Soland, Recommend, N.Y	Due to
(Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Jucas Kurn 13. Birthplace Sumany	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Manager Allen	Major findings of operations.
15. Birthplace Why only	major nutures of operations
16. Interment Mrs. Gred Corynel	Autopsy results.
Robert of Del Hele land and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address of cum all Ma musuly. Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal Which?) Date thereol. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory ST. Faters	Where did injury occur?
Status deland no	Injured at home, farm, Industry, public place (where?)
Location A A A A A A A A A A A A A A A A A A A	Magns of Injury Injured at work?
18. Funeral director.	1-2 M
Address Salisbury Ma.	The K Many
WIT WAS TORREST ON	M. D. or other
19. (Date jec'd by registrar)	Address Adams Date signed 74



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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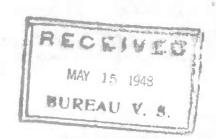
04305

CERTIFICATE OF DEATH

er. Diat. No. 3 33

	Rog. Disc. 110.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Micouico	md 74/100110
City or town. Sallstury	State County County
	City or town Salespury.
How long in above place of death?	(If outside city or town in its, write RURAL and give nearest town)
Hospital, Institution, or street address where death ocurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LANKFORDS SAMUEL ThomAS	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m W Sworced	Or with w room
m puoded	20. DATE DE DEATH Ofil 16 TO 1944 at 5000 M
6.(b) Name of husband or wife males Laufford	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 1/, 1790,	many and the same of the same
	and that I last saw halive on
deceased (mo., day, yr.)	
8. AGE: Years Months Days It less than one day	Immediate cause of death
8. AGE:	asplayma from our
67 10 5hrsmin	ille winating gas.
Commende Constant	
9. Birthplace (Town, county, and state)	. Due to

10. Usual occupation Catrus.	Due fo
11. Industry or business	
	•
	Dther conditions
12. Name Juant Gaustond:	(Include pregnancy within 3 months of death)
& happy negally	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
14. Maiden name Sarah Bessells. 15. Birthplace accounted County	Date of op.
CO Carbband	
16. Informant	Autopsy results
Address Hallwood Va,	PHISICIAN: Flease buderime the cause to which dean should be the same of the s
	22. VIOLENCE: If death was due to external causes, till in/the following:
17. Burise Date thereof (month) (day)/(year)	Accident, suicide, or homicide. Date of
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	
Cemetery or crematory Trothers Cuestary	Where did injury occur? (City or town) (County) (State)
2/400 med 3/4	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director. Robert Shrieves	Means of Injury Injured at work?
Address Gerkales Va,	100 Thinks a Zero
21 1 1 1 1 1 1	23. SIGNATURE M. D. or other
19 H /23 19 H8. Barace & Sun 19h	won pelane send the id
(Date rec/d by registrar)	ir Address Dellohary Seed Bate signed 7/6 48



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County City or town limits, write RURAL and universearest town) How long in above place of death? Hospital, institution or street address where feath occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECFASED: (For newborn infant frive residence of mother) State
3. (a) FULL NAME // Latic C. Leonar 4. \$4. 5. Color orace 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
6.(b) Name of husband or wife	and that I last saw h 15 alive on 15
9. Birthplace	min. Due to.
10. Usual occupation. 11. Industry or busines ### 12. Name	Due to
14. Malden name 14. Market 19. Parameter 18. Birthplat 10. Parameter 18. Lindonand 18. Essa Dunelley	Major findings of operations
17 (Burial, cremation, or Amoval, Which?) Cemetery or crematory	22. YOLENCE: If death was due to external causes, fill in the following: Advident, suicide, or homicide
18. Funeral director Address Location D. Fallyman Ma., Wallin DR. Wollinson Address Luciday Proof	Injured at home, farm, industry, public place (where?) Means of injury Injured at work? AND AND AND AND AND AND AND AN
19. (Date ree'd by registrar) 19 HRT. / Coasa Charles (Wegist	heroa till 10 /

VITH UNFADING INK. Supply every item of information carefully. In mportant, Physicians: please write the causes of death clearly and legib

PLEASE WRITE

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MAY 15 1948

BUREAU V. 8.

04307

CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ontagive residence of mother)
Oity or town	City or town (If outside city or town limits, write RURAL and give nearest town)
ospital, institution, or street address where death opcurred:	Street No. (If rursi, give LOCATION)
ow tong in hospital or institution?	2.(a) If veteran, name war
B. (a) FULL NAME Suguetus newton	3. (b) Social Security Number
Sex 5. Color or race 6.(a) Single, married, Adowed, or divorced Months	MEDICAL CERTIFICATION 20. DATE OF DEATH AS 15 75 75
5.(6) Name of husband or wife Man Lessa Losse	21. I CERTIFY that death grouped on the date above stated; that I attended deseased from
Birth date of deceased (mo., day, yr.) Feet, 4, 1890	and that I last saw h. Les alive on afred 124 1948 Immediate cause of death DURATION
3. AGE: Years Months Days If less than one day 58 2 8	Cerebral Heursbage
. Sirthplace	Oue to
D. Usuat occupation	Due to
12. Name	Other conditions arteriose le usul
14. Malden name Essignish Items 2006	(Include pregnancy within 3 months of death) Major findings of operations.
6. Informant Man Alma Karres	Autopsy results.
Address / Jehren May	PHYStCIAN: Ptease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which) Oate thereof	Accident, suicide, or homicide
Cemetery or crematory Location Location	Where did Injury occur?
8. Funeral director Days A. J.	Means of Injury Injured at work?
Address Velsion Mil.	227 SIGNATURE William Burniely M. D. OF OTTOR
(Daty registral)	Address Herry - Mr. Bate stoned allefeld

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MAY 11 1948
BUREAU V. S.

	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH COUNTY County City or town (If outside city or twn limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For region is fants give residence of mother) State
How long in above place of death?	City or town
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Maddox Rin	Let Cleared 3. (b) Social Security Number
4. Sex Solor office S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 25/
6.(b) Name of husband or wile Millie J. Madday	21. I CERTIFY that death occuped on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. J.
8. AGE: Years Months Days II less than one day 2 9hrsmin.	Committee Jalace
9. Birthplace(Town, county, and apple)	Due to Schullty Sprite Singuisis
10. Usual occupation	Due to
12. Name Machael Macha	Dither conditions
14. Maiden name mil mulls 15. Birthplace Va. Co. 16 m. d	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant A. A. Millie J. Maddy	Autopsy results. Mone
Address 1121, Railing of are, Saling 19	PH SICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remeral Which?) Cemetery or Cremators. Date thereof	Accident, suicide, or homicide
Location Rush Med	Injured at home, farm, Industry, public place (where?)
18. Emplat director () Address Letting () State ()	Robert R. Standard
19. (Datered by registar) 19. 48. Bangettal Sha	23. SIGNATURE M. D. or other Address Date signed 77-4

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PLAINLY, WITH CK is especially important.

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MAY 14 1948

BUREAU V. S.

/	TE OF DEATH Reg. Dist. No. 333
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infante give residence of mother) State May and County Wicomico Cily or town (If outside city or town limits, write RURAL and give nearest town) Street No. Rt # 4— (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Mc CANN, Irvino	3. (b) Social Security Number
4. Sex 5. Color or race 6/4) Single, married, wideled, or divorced Sinole	MEDICAL CERTIFICATION 20. DATE OF DEATH ABUIL 6 19 48 21 /0:
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from 19. 4.8 to
8. AGE: / Years Months Days It less than one day 25	Immediate pre of death DURA
9. Birthplace Wilks brough N.C. (Town, coonty, und state) Farm work -	Due to
10. Usual occupation	Due to
12. Name Walter McCann 13. Birthplace Wilks Drough N.C.	Dther conditions
14. Maiden name LelA Johnson 15. Birthplace Wilks Dorough. ne.	(Include pregnancy within 3 months of death) Major findings of operations
16. Interment Father Walter McCany	. Autopsy results
Address 17. Cemetery or Company (Address) Date fhereof. (Twonth) (day) (year) Cemetery or Company (Address)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Labely Med 2 Juneral director 24 6. Weller R. Ibellow	Injured at home, farm, Industry, public place (where?) Schursslette s. Gond Means of Injury Practice Injured at work?
Address Sally not.	23. SIGNATURE Roberts R. Star



WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE

MARGIN RESERVED FOR BINDING

CERTIFICAT	TE OF DEATH Reg. Diat. No. 335
V. PLACE OF DEATH: County Wicomico City or town. Sakis bury, Maryland (If outside only or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Feninsula Jeneral Hospital How long in hospital or institution? Adapt 12 Pars. 45 mins.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manyland County Wicomico City or town Uslishman (If outside city or town limits, write RURAL and give nearest town) Street No. Ack Wreet Route 2 (If rural, give LOCATION) 2.(a) Il veteran, name war.
Mc Kanney, Master Ronald LEE	3. (b) Social Security Number
1. Sex 5. Colorer 6.(a) Single, married, widowed, or divorced Make Colored Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 8th 19 48 1 12 1/2
8. AGE: Years Months Days 13 It less than one day 9. Birthplace	21. I CERTIFY that death occurrer on the date above stated; that Lattended decased from 19 10 19 and that I tast saw h 20 19 Immediate caose of death 20 19 DURATION Due to Due to Diher conditions (Include pregnancy within 3 months of death) Major fiedings of operations Date of op.
Address Jacobury M	Actorsy resolts PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to externat causes, Illi in the following:
(Burfal, cremation, or removal. Which?) Cemetery or crematory. Location.	Accident, suicide, or homicide
18. Funeral director. Sales bary Thy	Means of Injury Injured at work? A3. SIGNATURE.



2411 N. Charles St., Baltimore

04311

CERTIFICA	Reg. Diat. No 3.3.3.
1. PLACE OF DEATH: County City or town (If outside city or town imits, write RURAL and give nearest town) How long in above place of death? How long in hospital or instilution? How long in hospital or instilution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Color of the color of th	MEDICAL CERTIFICATION 2D. DATE DF DEATH 2D. DATE DF DEATH
8. AGE: Years Months Days If less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. Industry or business 12. Name (Mandelm name) 13. Birthplace 14. Maiden name (Mandelm) 15. Birthplace	and that I last saw here alive on 19.70 Inmediate cause of death OURATION Of Calebra Melliles 4
17. (Burial, cremation, or removal. Which?) Cemetery or crematory. (Many) (Jay) (Jay) Location (Jay) (Jay) (Jay)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director the Hell Dahnson Co Address Salisbury Md	Means of injury Injured 21 work? 122. SIGNATURE Manuary

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legible

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2411 N. Charles St., Baltimore

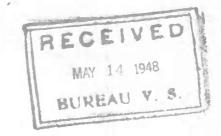
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CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For new to n infants give residence of mother
	State County 2
(If outside city or town limits, write RURAL and give nearest town)	Saluting
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	415, Dave 1 1
145 Denis XX	Sireet No
	H
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
melson sa	muel fr.
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mal White land	ah 10 12 15 TA
may made range	2D. DATE DF DEATH. A. M. 18.48, 21
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
6.(c) It alive, give ageyears	Quest 19 10 19
7. Birth date of	and that I last saw hy far aline on
deceased (mo., day, yr.)	Immediate cause nt death
8. AGE: Years Months Days If less than one day	
92 1 20hrsmin.	0 / -
Richa de mo	Xo Veles - Ze Ta B
9. Birthplace	Due to the second
(Town county, and settle)	mark difficult diagrasio
10. Usual occupation	Due to 6 29 48
11. Industry or business	
	••••••
12. Name 12.	Other conditions
13. Birthplace M. C. Celman , A. A.	(include pregnancy within 3 months of death)
	(Include pregnancy within 5 months of death)
王 14. Maiden name	Major findings of aperations.
14. Malden name Jarah Chines White 15. Birthplace Wicomic G. Md	Date of op.
Mr Janes 1 melens	hone.
16. Informant	Antopsy results
259 / Juvin J. Lawy / Ac	
19419U	2. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or proved Which?) Date thereof	Accident, suicide, or homicide
(Burial, cremation, or product which;)	
Cemetery or crematory	Where did Injury occur?
sauny ma	Injured at home, tarm, Industry, public place (where?)
Location Control of the Control of t	Means of Injury Injured at work?
14. Funeral directors	7- (1) 0 - 0-4
Salul Sunt	A DATE XX
Abbies	SIGNATURE LOCAL . Same
11 11/10 NO BORD D & DE	sexty medical examiner
19. H. J. 9, 19 M. 8. Bang St. St. Barrier B. Barrier B	Trade Valle Berry Ma Date signed 4 7-49



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CLK	INTERIL OF BLATTI	Reg. Dist. No.
1. PLACE OF DEATH County City or 10wn (If outside city or 10wn limits, write RURAL and give ness How long in above place of death? Hospital institution, or street address where death occurred:	Street No. 29	town limit, write (URAL and give nearest town)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Charles H.	mitchell	3. (b) Social Security Number
4. Sex 5. Color or dice 6.(a) Single, married, widowed	divorced MEDI	CAL CERTIFICATION
Male White Marriel	20. DATE OF DEATH	ril 6, 1948, 11
6, (b) Name of husband or one are a. Multer 7. Birth date of	21. I CERTIFY that death occurred on t	he date above stated; that I attended deceased from
deceased (mo., day, yr.) 8. AGE: Years Months/9 Days If less than one d	Immediate cause of death	
9. Birthplace The Oclay (Tyn. coonty, and state) 10. Usual occupation Sales	Due to Marie	lita ?
11. Industry or bushess 12. Name Lyah mitchell 13. Birtholace Jussy G. Dell	Due to	
14. Maiden name Paurola Paurola 15. Birtholac Paurontung . M	(Include pregnancy	~4
16. Informant 529 1 Din to the	Autopsy results	aose to which death should be charged statistically.
(Burial, cremation, or remoral, Which?)	22. VIOLENCE: It death was due to Accident, suicide, or homicide	Date of
Cemetery or Cematory Currons		or town) (County) (State)
18. Julieral Virginia 10 Mg/ Co. Nalta P. 1	Means of Injury	Injured at work?
19. H/9. V 19 H8. Hagge To	23. SIGNATURE	M.D. or other
(Dute reg d by registrar)	Registrar Address 238	Date signed

PLAINLY, WITH LYFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED

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MARYLAND STATE DEPARTMENT OF HEALTH

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	Dist	BI-	5	33	
ceg.	Dist.	NO.			

CERTIFICA	TE OF DEATH Reg. Dist. No. 33
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH April 22 19 48 21 8
6.(c) Name of husband or wife	and that flast saw h
10. Usual occupation	Due to
12. Name Marris Edgas Martin 13. Birthplace Saliebury, nd.	Other conditions
14. Maiden name Klarsennan, Klelen Osehelle 15. Birthplace Lienna, Md.	(Include pregnancy within 3 months of death) Major findings of operations
Address Salishury, Md.	Autopsy results
17. (Burial, cremation, or removal, Which?) Cemetery or crematory. (Manual Manual Man	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director & Management Shapetel	injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address Salishury, MA.	13. SIGNATURE FAR Raclemolor MD

MAY 15 1948
BUREAU V. 8.

coxrect age 1. PLACE OF DEATH: Wicom Octio fund (if outside city or town likits, write RURAL and give nearest town) information carefully of death clearly and How long in hospital or institution? 3. (a) FULL NAME FOR BINDING Supply every item of ease write the causes 6.(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.)

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

23. SIGNATURE.

04315

M. D. or other

E OF DEATH	Reg. Dist. No. 33
2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:
(For newborn infants give residence	of mother)
State Maryland	County Ver
City or town Medical	
(If outside city or town lin	mits, write RURAL and give nearest town)
Street No. Rebow	Road
(If rural, g	rive LOCATION)
2.(a) If veteran, name war	-700
	3. (b) Social Security Number
	A
	Hist knaw
MEDICAL	CERTIFICATION
an autor arive	1.8 19.4.8 at
20. DATE OF DEATH.	
21. I CENTIFF that death occurred on the date	abore Stateu, Inat Lattemen newsanen irom
	19
and that I last saw halive on	aprill 1 f
	DURA
Immediate cause ul death	DUNA
	men II.
man and and	ces lu
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Due to	Comonths of death)
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Due to	Comonths of death)
Due to	Samonths of death
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Due to	Date of op

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04316

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State ML County Wercester
City or tewn. (If outside city or town limits, write RURAL and give nearest town)	State
	City or town (if outside city or town limits, write RURAL and give nearest town)
How tong In above place of death?	
Wrighto Mursing Home	Street No(If rural, give LOCATION)
	2.(d) If veteran, name war
How long In hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Deorge Muhus	(Payne
4. Sex 5. Color of race 6.(a) Single, materied, widowed, or divaced	MEDICAL CERTIFICATION
male White Widow	20. DATE DE DEATH 4-8 19.4.8 21.11.5.5.74.M
	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
6.(b) Name of husband or wile	21. I CENTIFY that death occurred on the date above states; that Latestade deceased from 4 - 19.48
	and that I last saw h. 1.234. alive on
7. Birth date of deceased (mo., day, yr.) Ang. 26. 1860	and the second s
8. AGE: Years Months Days If less than one day	zmmediate tause of death
84 7 8hrs. min.	Centi Cardiae failure
+ / / /	
9. Birthplace Waras les Gr. Maryland	Due to. Dy
(Town, county, and state)	Clerme hyvearders.
10. Usual occupation	Due to
11. Industry or business	
12 Name William W. Payse	Other conditions
12. Name Walliam W. Payse 13. Birthplace Worcester 60. Many and	
	(Include pregnancy within 3 months of death)
14. Maiden name Hannah Taylar 15. Birthplace Worcester for Manyland	Major findings of operations.
2 15. Birthplace Worcester for manyland	Date of op.
ma Paul Errell	Aniopsy results
16. Informant 110	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Pocomof Ce Couly, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
	Rectacity and act of the manufacture of the manufac
Cemetery or crematory.	Where did injury occur?
Location f & designed find fillings.	Injured at home, farm, Industry, public place (where?)
Howard a Gill	Means of Injury Injured at work?
18. Funeral director	00.00
Address Premy le 6 rty. Mary and	23. SIGNATURE That G. Justes
415 VS VS CAROL	23. SIGNATURE M. D. or other
19. (Date jec'doy registrat)	Address alesbus Jud Date signed 4-8.48
	· V



Rorrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94as

Reg. Diat. No. 3 3 3

CERTIFICATE OF DEATH

1. PLACE OF DEATH: JULIANUS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County Alberthus
How long in above place of death?	City or town
Hospital, institution or street address where death occurred:	Street No.
J. J	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME John Earl Pathel	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. Wi Middell,	20. DATE OF DEATH
6.(b) Name of husband or wife Annual Called	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last say he alive on 19
deceased (mo., day, yr.) // Aplithely 2, 18 93	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day 54525hrshrs.	Coronery deadless Hans
9. Birthplace Ellipsello Milliamillo Mills (Town, county, and state)	Due to.
1D. Usual occupation. Assaulty	Due to
11. Industry or business	
12. Name. A STALL OF	Other conditions
M 2 (1/1)	(Include pregnancy within 8 months of death)
14. Maiden naman Augustus Thurston 15. Birthplace	Major findings of operations. Date of op.
16. Informant Mass. Charles Shippin	Autopey results.
Address Albert Mil. !!!	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removel. Which) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Cemetery or crematory . Lafte Later College Co	Where did injury occur?
Location Sulfatoring, Mile	Injured at home, farm, Industry, public place (where?)
18. Funeral director and apply have a supply the supply	Means of Injury Injured at work?
Address / Shan Mai	13. SIGNATURE 1 f. d. t. M. A. C.
19. (Dalyred by registro) 19. HS Canacal Registrar	Address Date signed 29

MAY 15 1948

04318

CERTIFICATE OF DEATH

Reg. Dist. No. 3.3.3...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wicomics	(For newborn infants (ive residence of mother)
	State A January County County
(If outside city or town limits, write RURAL and rive nearest town)	City or 16 m - Stor duril M
How long in above place of death? 17 days - 7 hrs - 2 . Thus	City or town
Hospital Institution, or street address where death occurred:	Street No. Surel David Old My
Desinala Figural Toujuta	(If rural/give LOCATION)
How long in hospital or institution? 17 days 7 km - 20 mine	2.(a) If veteran, name war.
	3. (b) Social Security Number
3. (a) FULL NAME	5. (0) Social Security Hamber
W Selas Redy	Les .
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
5.	16:11/2 118 5251
- 70	20. DATE OF DEATH.
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
	Jesth 4/64 19 48,10-
7. Birth date of S. (c) If alive, give ageyea	and that I last saw halive on
deceased (mo., day, yr.) Unkszoun 1868	Immediate cause of death DURATION
8. AGE: Years Months Days Il less than one day	Tracked Vt Ferry
80 — — ml	n.
91	
8. Birthalass To Clown, county, and state)	Duo ta.
(Town, eounty, and state)	
10. Usual occupation.	Bue to
11. Industry or business	
1.14	Dog w to
12. Mame	Other conditions.
🖾 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Philip U enang	
14. Malden name. 15. Birthplace Mul	Major fiadings of operations
El 15. 9!rthplace	
18. Informant	Autopsy results.
the Cat Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Deamphy the 12	22. VIOLENCE: If death was due to external causes, Illi In the following:
(Burial eremation or removal Whieh?) Bate thereof. (Month) day) (year)	Accident, suicide, or homicide.
(Burial, elemation, of the state of the stat	Where did Injury occurr with the wester M
Cemetery or crematory described to describe	(City of town)
Location Russ Locanoba ma	Injured at home, form, Industry, public place (where?)
160 (Class) - 1	Means of Injury self divon Self injured at work?
18. Funeral director	" NOTA . M.
Address Accommon mg	1/4 Jarlows no
	23. SIGNATURE M. D. or other -
19. H 8 19 H8 1 Hage	August vermore Oty Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

04319

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town. Water week	State Md: County Wicomics
(If outside city or town limits, write RURAL and give nearest town)	
How tong in above place of death? Hospital, institution, or street address where death occurred:	(If ontside city or town limits, write RURAL and give nearest town)
nospital, thathulion, of affect sudiess where death occurred.	Street No
How long in hospital or institution?	2.(a) If veferan, name war.
3. (a) FULL NAME	3.(b) Social Security Number
games Vernon Some	rs
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE DE DEATH
6.(6) Name of husband or wife Whanie W. Somers	21. I CERTIFY that death occurred on the date above stafed: that I attended deceased from
8.(c) If alive, give age 7.2 years	30 June 19 H7, 10 12 Garil 19 48
7. Birth date of 90001 99 1071	and that I last saw h. List allive on 12 april 19 48
	Immediate cause of death
8. AGE: Years Months Days If less than one day 2 2/ If less than one day	Growle - premoute lype 24 les
0 10	an proces
9. Birthplace manticola willowing Market (Town, county, and state)	Due to Corles occlustic heart deserge (1815)
10. Usual occupation Carpenter	will heart Talune
11. Industry or business	Due to
x1 4 0	
	Dther conditions
13. Birthplace nanticotso, ma	(Include pregnancy within 8 months of death)
14. Maiden name Eliza Massick 15. Birthplace nantticke, nd.	Major findings of operations.
≥ 15. Birthplace nanticope, ma.	Date of op.
18. Informant arthur Somers	Autopsy results
Address Waterview, md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busine 14/14/48	22. VIOLENCE: tf death was due to external causes, fill in the following:
17. (Burial, eremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Trusters Cemetery	Where did Injury occur?
Location manteriolse ma	Injured at home, farm, industry, public place (where?)
18. Funeral director, 6, 4, messiels	Means of Injury Injured af work?
n . 0	The suit of
Address Bualve, Mac.	23. SIGNATURE La la Carricha al
19. H / H 19 H8. Hagging I ly Joh	1000
(Date rec'd by registrar) (Degistrar	Address Date signed & Date signed & Manual B

APR 24 1948

MARGIN RESERVED FOR BINDING

VS A15

DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04320

I A HOUSE DECEMBEROR (TECHNER) OF DECEMBED

CERTIFICATE OF DEATH

Reg. Dist. No. 333

I. PLACE OF DE	Ain:	mico	(For newborn infants give residence of mother)	2
County	1	mico	State Meryland County Micomico	
City or town	llsourv,	Maryland mits, write RURAL and give nearest town)		
(11.6	at un 3 1 m C a	10/31/46	City or town Selisbury (If outside city or town limits, write RURAL and give nesree	
How long in above place	street address where d	looth accurred	(If outside city or town limits, write KUKAL and give neares	it town)
Testern S	Shore Th	Sanatorium	Street No. 615 Truitt Street	
			(Ifrurai, givo LOCATION)	
		e 10/31/46	2.(a) If veteran, name war	
3. (a) FULL NAM	E		3. (b) Social Security Nu	ımber
	E, linni	e Maria		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	white	married	20. OATE OF DEATH	. 8:35a
B (h) Name of husband	ar with Georg	e F. Steele	21. I CERTIFY that death occurred on the date above stated; that I attended decease	d from
B. (O) Name of numbanu	UI WING		July 1 19 47 10 April 2	19.49
7 Dirih data of		6.(c) If alive, give age50years	and thal I last saw h. er alive on April 2	10 19
deceased (mo., day,)	yr.) August	5, 1888	_	
8. AGE: Years	Months	Days If less than one day	Immediate cause of death	OURATION
59	7	28 hrs. mln.		4 vores
			Far Advanced	1
9. BirthplaceS.M.	OW Hill (Town,	Maryland (Wor, Co.)	Oue to	*******************
10 Ileual occupation	Housewife	1		***************
			Oue to	
11. Industry or busines				
12. Name	muel Dryd	len	Other conditions	,
₹ 13. Birthplace	Snow	Hill, Md.		
8	Fliggh	th Nock	(Include pregnancy within 8 months of death)	
			Major findings of operations	
₹ 15. Birthplace	Snow Hil	1. Nd.	Date of op.	
16, Informant Dac	paged		Autopsy results	
16. Informant	******************************	••••••••••••••••••••••••••••••••	PHYSICIAN: Please underline the cause to which death should be charged sta	
Address				
17 Bun		Date thereof agent 4-1948	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Buriai, cremation	, or rem wal. Which?)	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or apmatory a comment comments		we cem,	Where did injury occur?	State)
16	listus	mountand	Injured at home, farm, Industry, public place (where?)	
Location		B-11-11-31-11		
18 Junera director	ng 16.00	mut of Helen	Masns of Injury Injury Injury 2 work?	
		manland	1111 1/0, 9	no
Herrison -	illey		23. SIGNATURE S S SUMMEN S	IN
. 4/1	Gistrar) As H 8	- Lag & Del	M. D. or	
(Date rec'd by re	riskrar)	Registrar	Address Salisbury, Md. Oate signed 4	/3/48



A. Com del MA

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

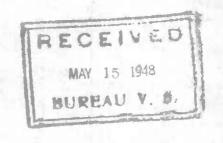
93d

04321

CERTIFICATE OF DEATH

Dist. No. 5 33

CERTITICA	Reg. Dist. No
1. PLACE OF DEATH: County Wicamica Macufand	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Macyland County Wicamico
City or town	City or town West Load Salisbury Marylan (It gutside city or town limits, write RURAL and give pearest town)
Peninusula General Hospital How long in hospital or institution?	Street No. Houte 2 (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Jengle, William Henry	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Make Colored Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 30 th 19 45 21 10 P. N
6.(6) Name of husband or wife. Hattie Jeagle 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from 4-24 19.48 10.45 19.48
7. Birth date ot deceased (mo., day, yr.) Que \$1800	and that I last saw h J.Malive on
8. AGE: Years Months Days If less than one day	C'aute cardiac failure
9. Birthplace Chonce (Town, county, and state)	Due 10. Chrisic anterioschertie
1D. Usual occupation	Due to
12. Name Sephron desgle	Dther conditions
13. Birthplace Chance Triffen 14. Maiden name Sara Criffen 15. Birthplace Va	(include pregnancy within 8 months of death) Major findings of operations
2 15. Birthplace	Date of op.
Address Salvolury nad	Autopsy results
(Burial, cremation, or removal, Which?) Date thereof. The property of the pro	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Mit Nebo Cenu	Whers did injury occur?
Location my nevo ma	Injured al home, farm, industry, public place (where?) Mesns of injury Injuged al work?
Address Salio kury my.	12 CHONAXIBE Legg & Lucly
19. Date ree'd by registry) 19 H 8 1 Bara & Copistral	Address Jalishan Jud Bate signed 4. 3 48



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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

772

04322

CERTIFICATE OF DEATH

eg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	/
County Wilonico	(For hewbern infants give residence of mother)	W.
City or town (If outside city or town Paits, write RURAL and give nearest town)	State Velacual County County	£
	City or town	e nearest town)
How long in above place of death?		
Gennsula General Hospital	Street No	
How long in hospital or Institution? Ly days	2.(a) tf veteran, name war	V
3. (a) FULL NAME	3. (b) Social Secu	rity Number
Thompson mr. Glen		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male Write. marries	20. DATE OF DEATH	X at 4 1 01
6.(6) Name of husband or wite Mrs. Selle Shorings	21. I CERTIFY that death occurred on the date above stated; that lattended	deceased from
	ars 1/ 3/ 1// 6-	19
7. Birth date of deceased (mo., day, yr.) 8 /12 /1842	Immediate caose of death	DURATION
8. AGE: Years Months Days / If less than one day	Cerebral Edema -	12hrs.
55 8 14hrsm	in.	
Dalamare	Welerium Tremeus -	12 hrs
9. Birthplace (Town, county, and atate)	Due to	14
10. Usual occupation Gasmee		
n	9ue 10	
11. Industry or business	au 2015	
12. Name Chanles Champson 13. Birthplace	Other conditions	40
	(Include pregnancy within 3 months of death)	
14. Maiden name Morry & Mindson 15. Birthplace Mely	Major findings of operations	***************************************
15. Birthplace / Mely	Date of op.	
Harrison Man Harp.	Antonsy results	
16. Intermant	PHYSICIAN: Please ooderline the caose to which death should be cha	arged statistically.
Address of Safestiany Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)		0.0
(Ild Hollmens)	Where did Injury occur?(City or town) (County)	
Cemetery or crematory		
Location Location Delleupare	finjured at home, farm, todustry, public place (where?)	
Harvey Williamson	Means of Injury Injured at work	/
18. Funeral director	A TYT	
Address Reactacoury mrs	23. SIGNATURE DE D. DAUSIS,	1. D. or other
19. d/ 29. 10 H8 Basquet 31		gned 4.37.
(Date rec'd/by registrat)	rar Address Dafe si	gned

MAY 15 1948

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9400 CERTIFICATE OF DEATH

04323

Reg. Dist. No

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Mants give residence of mother)
City or town All Mar Bull State Will	State Miles County Mplatkilles
(If outside city or town limits, write RURAL and give nearest town)	City or town
How tong in above place of death?	Sireet No.
,	(If rural, give LOCATION)
How leng in hospitat or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or raco δ.(α) Single, married, widowed, or divorced Mr. Married	MEDICAL CERTIFICATION DATE OF DEATH APRIL 2 19.48 at 9:00 Au.
8. (b) Namo of hosband or wite The Llifte Twilliff	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of Tell 3 170 Hz	and that last saw harman alive oo afri 1
8. AGE: Years Months Days I less than one day	Immediate conse of death Celuson 1/2 ha
9. Birthplace Markley, Much Mills.	Bue to Hyphtheusen 440.
1D. Usual occupation	Due to.
11. Industry or business 12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. The supple Buffly 15. Sirthplace Mandelis Midi-	Major findings of operations.
E 15. 8trthplace Markella Md:	Date of op.
18. Informant Ming Cillle Territory	Actopsy results
Address Della Miller Miller	22. VIOLENCE: If death was due to externat causes, fill in the following:
(Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Maskelo Lessilers	Where did injury occur?
Location January Della D	Injured at home, farm, industry, public place (where?)
18. Funeral director assistant and assistant and assistant and assistant ass	Means of injury lojured at work?
Address Gelseam Mitta	A Tuhlman
4/4/48 WHALL	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Haynoron Mis Date signed 4.21.48

APR 7 1948

2411 N. Charles St., Baltimore 13 10

04325

CERTIFICATE OF DEATH

7						
1				404	-	-
	Rec. D	list.	No.	3	9	3

1. PLACE OF DEATA:	2. USUAL RESIDENCE (HOME) OF DECEASED:
The Figure Es	(For sewhorn in a) ts gi residence of mother)
County	State Collaway
(If outside city or town limits, write RURAL and give nearest town)	State
(If outside city of town limits, write NORAL and give nearest town)	City or town
How long in above place of death?	(If outside ity or town limits, write RURAL and give nearest town)
Hose 101 institution, or street didess where leath occurred:	Street No.
Passivale righting None	(If rural, give LOCATION)
O. laster Hand.	0 (0) 14 mlana and mar
How long in hespital or institution.	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
D. J. t Man	
perfect 1. Have	
4. Sex 5. Color of ace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Wedm	0. 110 48 1155
Miles Marie Miles	20. DATE DF DEATH.
aplack Wasser	
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
AULA -	lepril 1948 10 lepril 10 19 4 5
7, Birth date of 7, 6 (c) if alive, give age years	and that I last saw has madive on April 10 19 415
deceased (mo., day, yr.) 94. /-/839	
	Immediate cause of death
8. AGE: Years Months Days 11 less than one day	Munis
88 6 5min.	
mill Dallace	
9. Birthpiace	Due to brown theficeles
(Town, county, and ata)	
10. Usuai occupation.	Due to alexio elevis a
10. USUAT UCUAPATION	Due to
11, industry or business	- Leletinier
El Dane C. Haven	Dither Conditions
12. Name Dank C. Tables 12. Name Dank C. Tables 13. Birthplace Mulay Og.	Dillet Religitions
13. Birthplace	(Include pregnancy within 3 months of death)
5 matilde Ingram	(Include pregnancy within 3 months of death)
王 14. Maiden name	Major findings of operations.
14. Maiden name Matilde su quam 15. 8 irthplace Mulfard Old	
Mr. Mattern Pllanell	
16. Informant	Autopsy results
1341: 11 med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Man	22. VIOLENCE: If death was due to external causes, fill in the following;
17 / Sunce Date thereof are 12-9	
(Burial, cremation, or removel, Which) (mony) (day) (year)	Accident, suicide, or homicide
Tad Tellines lem.	Where did injury occur?
Cemetery or crematory	(City or town) (County) (State)
willing vilano	Injured at home, farm, Industry, public place (where?)
Lucation C. Manager C.	Meene of injury Injured at work?
18. Funeral directly / Julian a. /3009 90	A The strain of
me le la	10 h//1.
Address Wife d Williams	23 SIGNATURE TT. C. CHIMMUSE MI- XV
11/10 100100 10000	23. SIGNATURE TO M. D. or other
19. H / 18 H 8 1 Faggref 65 DV	were I will that the His luce

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case of death clearly and legibly is especially important. Physicians: please write the causes of death clearly and legibly RESERVED FOR BINDING MARGIN

A15

PLEASE



MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baltimore

136

04324

CERTIFICATE OF DEATH

Reg. Diat. No. 3. 3. 9.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
	nico		(For newborn infants give residence of	mother)	
County	1100	- Part	State MARYLAND COU	my Worchest	er,
City or town	lis bury, IIIF	nayland		. A	3.1.76
(1	f outside city or town li	mig, write RURAL and give nearest town)	Cily or lown Locomo Ke C	14	
low long in above pla	ace of death?	days	Cily or lown	, wite RURAL and give n	earest town)
osnitel institution.	or sireet address where	dealh occurred:	Streel No. Koute #1		
Yenins11	la Genera	1 Aospital	(If rural, give	LOCATION)	
	//	,			V
ow long in hospital	l or Instillation?	······································	2.(a) it veleran, name war		X
B. (a) FULL NA	ME			3. (b) Social Security	Number
	4 .				
WATER	s, Walter				
Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
m . 1-	Colored	Sivole	0 .1 101	8	10
MAK	Coloneed	ornge	20. DATE DE DEATH APRIL 12	19	, af
			21. I CERTIFY that death occurred on the date abo	ive stated: that I attended dec	eased from
(6) Name of husba	nd or wife	***************************************	5 April 19	18 116	Jovil . 40
		6.(c) ft alive, give ageyea	3 1977.1 19.	E	19
7. Birth date of		yea	rs and that I fast saw h(2000alive on	1 HPV(19.40
deceased (mo., da	IY. Yr.) mai	4 16-1940	Immediate cause of death		DURATION
	ears Months	Days if less than one day	Immediate cause of death.	001100116	
o. AGL:		= 1	Tuberculous m	iening ris	
	/ /0	26hrsmir	n.		
(D)	_0	Wowite med.			
. Birihpiace.	(Town	county, and state)	Due to		***************************************
	(10WII,	1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
O. Usual occupatio	n. John	eller	Due to		
			BBC 14		
11. Industry or bush	ness	0 -1 -		. Impus VII	NOT KNOW
三 12. Name	dawa	ra Walus	Diher conditions Primary P	O LITTOWAY 9	NOC MINO
=1	4.	and land	tuberculosis		
13. Birthplace	n	anguard.	tuberculosis (Include pregnancy within 3	months of death)	
14. Maiden nar	Kather	wilson			
14. Maiden nar	,	0 1	Major findings of operations		
15. Birihpiace	2 12	gareford,		Date of op	
	201	1111	Autopsy results as abou	e ·	
16. Informant	our san	i dun	PHYSICIAN: Please underfine the cause to w	hich death should be charge	d statisticaffy.
Address R	mand Pa	- I mil			
Audress	The same of		22. VIOLENCE: If death was due to external ca	uses, fill in the tollowing;	
1 Du	real	Date thereof Ceprif 15-1948	Accident, sulcide, or homicide		
(Burial, cremat	tion, or removal. Which?	(month) (day) (year)			
Cemetery or crem	natoryTencos	ville ametice	Where did injury occur?(City or town)	(County)	(State)
Cemetery of Crem	A (7)				
Location R	unal Toc	omore ma	Injured at home, tarm, Industry, public place (v	here?)	
	-1/	4011	/ Means of Injury	fnjured at work?	
1B. Funeral directo	Denne	for walson			
	1	to Col mad	0 1/-	- M.	4.
Address	focos	-ote ulling	23. SIGNATURE. CECOLO	us_, MIL	
	•	1 7- 118	A. DISTRIBUTE	37 8	am athon /

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Rog. Diat. No. 533

a DIAGRAM DELETI	2 UCHAI DECIDENCE (LIONE) OF DECEASED.
1. PLACE OF DEATH: County Cosu, Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
	State Maryland county yearshester
City or town 3 a 1.5 Bury May / Land	State 11. August 11. A
24 100	City or town
How long in above place of death?	
nospital, ittalian, of stool sales into some	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs amanda Ne	1/5
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Whele morned	2D. DATE DF DEATH April 11 1948 216 - 1
Carlles Wells	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(b) Name of husband or wife	March 2-1 1848 10 Bril 11 184
S.(c) If alive, give age	and that I last saw h. C. J. alive on Copy sel 1948 19
7. Birth date of deceased (mo., day, yr.) (Col. 2 / 188)	
8. AGE: Years Months Days If tess than one day	
66 6 9hrs.	min for the state of the state
77	Ceretial accuracy C
9. Birthplace Tellswille, MC	Due 10
(Town, county, and atote)	Cherwichin
1D. Usual occupation.	Due 10
11. Industry or business Thousand .	
12 Hame Lebbin Halls.	Diher conditions
2 13. Birthotace	(Include pregnoncy within 3 months of death)
# 14. Maiden name duculu landon	Major fiodiogs of operations
15. Birthplace	Major nodiogs of operations
2 (10011: 1/2010	
16. Informant Mr. Caralyse / Cara	Actorsy resolts
Address Showell, Ind.	
B (sp. D1319	22. VIOLENCE: 11 death was due to external causes, fill in the following:
(Burial, cremation, or remove), Which?) Date thereo (month) (day) (year	Accident, suicide, or homicide
\mathcal{I}_{α}	Where did injury occur?
Cemetery or crematory	
Location Pulsville, Ma,	Injured at home, farm, industry, public place (where?)
m. Parla Walson	Means of Injury / Injuryd at work?
18. Funeral director	
Address Sullywelle det,	23 SIGNATURE CEUS U Succes
11 / 111 /42 400 79-8.1	M. D. or other
19. (Date/rec/1 by registrat)	Spistrar Address Ly Leven Ma Date signed 4-11-

APR 24 1948

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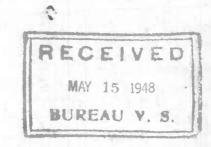
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

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CERTIFICAL	E OF DEATH Reg. Dist. No. 3.33
County	2. USUAL RESIDENCE (HOME) OF DECLASED: (For newl or infifits give residence of mother) State
How long in above place of death? Hospital Institution, or stress address where death occurred: How long in hospital or institution?	City or town
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Polyfor race 6.(a) Single, married, widowed, divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH GENERAL SERVICES
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. to 2. 28. 19.48. and had last saw h. Man. alive on
8. AGE: Years Months Days It less than one day One of the second of the	Immediate gause of death DURATION
9. Birthplace	Due to
12. Name Padok Henry Melle 13. Birthplace Puttivelle Ma,	Other conditions
14. Maiden name Populaille Ma, 15. Birthplace Populaille Ma,	Major findings of operations. Date of op.
Address 204 Race it Sality Md 17 Build Date therman 1-11998	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or repulsed Which?) Cemetery or crematory	Accident, suicide, or homicide
18. Formal director way 16. Wallan R. Willess Address Address	thans of Injury thjured at work?
1-1: 1.6 1 - 00	23. SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Den 64527

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Marilland III - restell
City or town	State County County
How long in above place of death? 2 20000000000000000000000000000000000	(If outside city or town limits, write RURAL and give nearest town)
Hospital Landfution, or street address where death occurred:	Street Ho.
Deminaula General Hosp	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
B. Frank Wels	on
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	20. DATE OF DEATH. / Spril 1948, 21 22 0 PM
D 87 Tileon	21. I AERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	Fund 18.47 to 19
	and that I last saw h 1272 alive on Costail 1-t 1848
1. Birth date of deceased (mo., day, yr.) June 19, -1875	Immediate cause of death
8. AGE: Years Months Days It fess than one day	S)
72 9 12 hrsmin.	Carpina / progue 3chero
Marion Station Somewall mod	Production of the state of the
9. Birthplace (Cown, county, and state)	Bue to.
10. Usual occupation	Due to.
11, Industry or business	DEE TO
El 11-00' Sel Welson	Gther conditions
12. Name m	
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Stee Q Translate 15. Birthplace 700 C.	Major findings of operations.
15. Birthplace	Date of op.
m. Rules Och almook	Autopsy results.
16. Interment Find.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlai, eremation, or removal, Which?) Bate thereof (month) (duy) (year)	Accident, suicide, or homicide
Fig. The In P Cometer	Where did injury occur?
Cemetery or crematory	Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director Alexand Sollo alexand	Means of Injury Injured at Work?
Address Poconole md.	1 1 11 11 11 11 11
(- 1)	23. SIGHATURE. M. D. or other
19. H 3 19 H 81 Hagger 1	Substitute Mid Date signed H - 3 45
(Date/rec/d by regist/ar)	Audiess



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wiconnes	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Magueland County Work CEAUR
(If outside city or town limits, write RURAL and give nearest town)	City or town Show Hull
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Maspital, Institution, or street address where death occurred:	Street No. COllins STREET.
Vennouse Jungs Hospital	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Worten mrs. Francis B	213-18-4480
4. Ser 5. Color or sace 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. O. W.S. to	01.075
Jempel www.	20, DATE OF DEATH OF THE 2 2 19. 4. 8. at 5.1. p
6, (b) Name of husband or wife Wootten m. Wellian	21. I CERTIFY that death occurred on the date above stated; that Lattended decessed from
	Opril 17 1948, 10 april 22 1948
7. Birth date of 0.65 (c) 11 alive, give age years	and that I last saw h R. V. alive on Parall 22
deceased (mo., day, yr.) 2004. 10 - 1913	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Pout ou Liar failure
34 6 12min.	
alalini mis . and	13/ 20 00/15
9. Birthplace Della Victoria	Due to Chronic Mizocardiles
Shout to clay	and for the estate
1D. Usual occupation.	Due to. Leep proces
11. Industry or business	
= 12 Name William, N. Simets	Dither conditions
12. Name Villiam N. Dimess 13. Birthplace Andrana	
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Defastings. 15. Birthplace Manhand	Major findings of operations. See jostened peple
15. Birtholace Main and	releas Date of on
My Wills: om. Worther	Antopsy results.
16. Informany	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Mothess Sours Velle My	
17 Ismial Date thereof Carel 25/48	22. VIOLENCE: If death was due to external causes, fill in the following:
(By al, cremation, or remoyal, Whigh?) (month) (day (year)	Accident, suicide, or homicide
Cemetery or orematery Methodyst	Where did Injury occur?
In Lutherth Cand	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director Place B. Dunner	Mesns of Injury Injured at work?
man diling	10004
Address Subow Hilly	28 SIGNATURE / TULLY LUSLEY
1 d / AH 10 H81 Base of In John	M. D. or other
19. Oats registrar (Date registrar)	Address Mad Date signed 4-22 48

